

ASSOCIATION OF FLIGHT ATTENDANTS AFL-CIO

GRIEVANCE FORM

Grievant(s) Name and Address: Patricia Noise 34959
C/O Jamie Lynn McClay LEC President Council #56**Date:** 11/10/2007**C/O** Emailed to Kenley Chambers**Certified Mail Return Receipt:****Carrier:** MESA**AFA Grievance No.:****Phone** (602) 421 - 8559**Base:** PHX**Employee #:** 18642**Mailed/Delivered to:** _____

(Company Official)

(Location)

Statement of Grievance:

Include a brief statement of facts and contract section(s) violated, or other basis for this grievance

The Company has unjustly terminated FA Noise. The Company when disciplining FA Noise did not follow proper procedure by forcing FA Noise to sign documents without having the ability for a one on one meeting nor giving her the ability to as for a Union Representative to be made available to her. These documents were brought to the aircraft between flights where she was told to sign them.

FA Noise also had issues obtaining a SIDA badge for HNL which is necessary to do her job. As of the time of the termination, she still had not received her SIDA badge.

Relief Sought (if Specified):

If not specified, AFA reserves the right to request all available remedies at any point during the grievance/system board process.

Cease and desist contract and company policy violations on any and all related sections. Make Grievant whole by removing all improper discipline from her record, and bring her back full seniority, back pay and per diem.

It is requested that copies of all correspondence relating to this grievance be sent to the grievant and the Union Officer/Designee, and to the AFA Legal Department as Listed Below.

The grievant authorizes the Association of Flight Attendants, AFL-CIO to act as his/her representative in the disposition of this grievance.

Signature of Grievant (if Required): _____**Union Officer/Grievance Representative:** _____

- ☐ AFA National Office: 501 Third Street, NW, Washington, DC 20001-2797, (202)434-1300
☐ ORD Field Office: 1 O'Hare Center, 6250 N. River Road, Suite 4020, Rosemont, IL 60018-4210, (847)292-7170
☐ PIT Field Office: 200 Marshall Drive, Coraopolis, PA 15108-2840, (412)262-3110

CERTIFIED MAIL RETURN RECEIPT REQUESTED

V 3.2